



Request for Use of Webinar License

Name: _____ Department: _____

Event: _____ Event Date: _____

Practice Date: _____ Length of Event: _____

Recurring Event: No Yes

* Please be advised that the District is responsible for switching the Webinar license. To ensure that the license is made available in time, please submit your request no later than **two business days** prior to your event.

Signature: _____ Date: _____

Approved by: _____ Date: _____

Please return to: Camille Duncan - duncanc@lacitycollege.edu and Lillian Johnson - johnsolj@lacitycollege.edu.